

## Reference of the Caring Internship

Name and address of the institution:

Mr. / Ms. \_\_\_\_\_ born: \_\_\_\_\_  
completed an internship at our institution from \_\_\_\_\_ till \_\_\_\_\_  
doing the following tasks \_\_\_\_\_

Work experience in:

Acquired skills and knowledge:

e. g.:

- tasks
- chores

Exceptional abilities:

e. g.:

- ability to work in a team
- ability to communicate / communication skills
- ability to accept criticism / ability to perform suggestions

Evaluation:

e. g.:

- willingness to work
- willingness to learn
- ability to cope with stress
- endurance/stamina
- diligence / accurateness
- quality of work
- quantity of work
- punctuality

Place

Date

Signature, Stamp